



## SCHOOL TOBACCO USE PREVENTION & EDUCATION GRANT INTERIM REPORT

**Instructions: Complete and MAIL or FAX with signatures  
by 5:00PM December 19, 2008 to:**

Montana Office of Public Instruction  
Attn: Tobacco Use Prevention & Education  
PO Box 202501  
Helena, MT 59620-2501  
Fax: (406) 444-2955

### I. General Information

School District		Project Coordinator	
Project Number		Name of Authorized Representative	
Telephone	Fax	E-mail	
Mailing Address			

### II. Narrative

Describe the project goal(s) as the fundamental, long-range direction of what is to be accomplished and explain the progress made to date. List specific, measurable objectives which are attainable and result-focused as steps to reach the identified goals based upon objective data and describe activities in the table below.

**PROJECT GOAL(s):**

Objective	Activities	Date Accomplished	Person Responsible

	<b>III. Budget</b>		

Complete an expenditure of funds to date in the table below.

Budget items	Proposed Expense	Actual Expense
<b>Personnel Salaries</b>		
Annual Rate @ \$_____/yr		
Hourly Rate @ \$_____/hr Total Hours Worked to Date = _____		
<b>Fringe Benefits</b> (include rate and basis for calculation)		
<b>Operating Expenses</b>		
Travel & Per Diem		
Supplies/Materials		
Equipment		
Transportation		
Telephone		
Postage		
Utilities		
Contractual		
<b>Indirect Costs</b>		
<b>Total</b>		

Please describe any changes to the approval budget if applicable:

If applicable, was a budget modification form submitted and approved by OPI prior to any budget changes?  
(check one) ☐ Yes ☐ No

#### IV. Collaboration

Describe school partnerships that have been expanded or established with the following partners to implement the project and/or activities.

**Students**

**Families**

**Community Organizations**

**Coalitions**

**MTUPP Contractor**

#### V. Quality Assurance

What problems or obstacles were experienced, if any, in implementing the project/activities?

Describe solutions you implemented to overcome these problems.

Describe any technical assistance needs at this time to help assure success of the project.

#### VI. Certification Signatures

Signature of Authorized Representative

Date        /        /

Signature of Project Coordinator

Date        /        /